

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-02/188

FILING DATE

APPLICANT

CLAIMS

12.16.05

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	1		1			
4						
5		1		1		
6		1		1		
7		1		1		
8		2		2		
9		1		1		
10		1		1		
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50						
TOTAL IND.	3		3			
TOTAL DEP.		9		9		
TOTAL CLAIMS	3	9	3	9		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						